

Gaoua – the people's approach to HIV/AIDS

What the people of Gaoua are saying and doing, February 2000

A Gaoua girl, trained locally about HIV/AIDS, sings about the problem to drinkers in a local cabaret:

[insert Gaoua sound 1]

This is the story of some conversations with the people and representatives of Gaoua, in South-West Burkina Faso, who are taking control of their own HIV/AIDS problem. The interviewers are a TV crew from the capital, Ouagadougou, accompanied by a European journalist commissioned by UNAIDS.

Gaoua is on the border of Côte d'Ivoire, where the HIV rate is one of the highest in West Africa, and where many young Gaoua men migrate to find work in coffee and cocoa plantations. Frequently they return with HIV, and Gaoua has become the place with the highest HIV rates and AIDS mortality in Burkina Faso.

The town is the pilot site in Africa for the UNAIDS "local approach" to HIV/AIDS control, begun in 1998 and based on earlier analysis by GTZ. A local "Comité Technique" – the "technical group" – composed of representatives of all associations and walks of life in the area assesses the situation and proposes and takes action, with support from the regional government, the capital, and direct funding from outside donors. The community thus now "owns" the problem and the solutions, offering a better chance of commitment and results than interventions imposed from outside.

This local approach to HIV/AIDS control is being copied in eleven other districts of Burkina Faso, and in many other countries.

Here, despite the heavy presence of the TV camera and radio crews, we try to get the people to speak for themselves, about the HIV/AIDS problem as they see it, about their attempts to solve it, and all the difficulties they face in applying their ideas.

We begin in the market; speak to the President of the Comité Technique, the High Commissioner of the Province of Poni, and many groups involved in the local struggle against AIDS in Gaoua. We end by eavesdropping on a meeting of some individual members of the Comité Technique.

In the market:



A market trader, Gaoua, Burkina Faso.

Photos: courtesy Dorothy Walgate.

A young man in the market tells us his friend has just died of AIDS:

What do you know about AIDS? *It's a very bad disease!*

Do you know how to avoid it? *One must protect oneself. With a condom. There's been publicity about that everywhere!*

Do you think that here in Gaoua everyone is aware of that? *Everyone. 100%.*

But the disease is still growing in Gaoua. So what is the problem? *Ah – the problem is that when people believe the disease exists, they protect themselves. But some still don't believe it.*

Do you protect yourself ? *Yes. For the last three years.*

Have you done anything in Gaoua to help stop this disease? *I talk to all my friends, and give them advice, so they will protect themselves well.*

Do you know anyone in your group who has died of AIDS? *Yes. Too many. Even young people... One of my friends just died after three months in hospital.*

And how did that happen, do you think? *It's the frontier. With Côte d'Ivoire. Some people go, then come back... There's a lot of AIDS there...*

What can we do about that? *They need education and information! Those who leave to go there. Some go for five or six years... They need education over there also.*

Are you or others in your group afraid of people with AIDS? *Ah, if someone has AIDS, everyone is frightened.*

But are you willing to help someone with AIDS, to live with him, to help him end his days in the best way possible? *Certainly, if the person is your friend. You hold him in your heart. You cannot abandon him.*

The crew approaches a young man at random. He's holding a baby:

Has anyone spoken you about AIDS?

*Yes, they've been talking about it for a few years here...
It's a sexually transmitted disease.*

Do you know how it can be controlled?

*I think what's needed is education and information – so
people understand the disease.*

What's being done in Gaoua – is that effective?

*Yes – with the associations that are mobilizing people, the
young are now aware of this disease. I think they now want
to save their lives.*

But the disease is growing. Why?

*I think in Gaoua, people now take care. But perhaps
people who come here from outside do not. If the education
continues, I think we will beat the disease.*

*I myself belong to an association that tells people about the
disease.*

What do you do?

*We make theatre; to show this disease is a killer, that it
ravages the world.*

Personally, do you know anyone who has been affected by
this disease?

*We cannot say this or that person has AIDS, as the test
results are secret. Of course we see people affected by
AIDS, but we cannot say so.*

And do you use condoms?

I've used condoms for a long time. It's our reality.

Right: The young man faces the crew & a crowd begins to gather...



The technical advisor for GTZ explains the background:



Facing the camera on a hill above Gaoua, with the town behind him

Could you tell us the story of GTZ's work against AIDS here in Gaoua?

We've been here for two decades. So from the first case of AIDS, we joined in the struggle against the disease. From 1997 we began a study to look at how we could expand the response, with support from UNAIDS. We looked at every possible opportunity to attack AIDS at the level of the community, the health service, & the administration. Then we held a "consensus workshop" on our results. UNAIDS joined us "on the ground" from 1998, to continue the analysis and to establish a strategic plan.

And this is a "multisectoral" plan, isn't it?

Yes. Before this exercise, AIDS was the business of the health service alone. The new approach takes advantage of all local powers & potential – such as women's associations, youth associations, collaborations with other administrative sectors, the army, the truck drivers – all the different workers' groups. They came together to create a common plan, with common objectives, each one mobilizing its own resources, and all with the support of the Gaoua authorities. This gave us a much greater chance of success against the disease – and much greater credibility with outside donors.

Is everyone here really ready to join in with your struggle against HIV/AIDS?

Yes. There is not a single organisation, not a single vital force in this town, that has not joined in, the Imams, the Christians included; there's not a single administrative department that is not participating. We can say absolutely that here in Gaoua the struggle against AIDS has become everybody's business. We may lack one or two people, but the commitment is here now, and we must keep this up, so the young children leaving primary school begin to protect themselves, and so the victims of AIDS can continue to live in the community with dignity and serenity, in the best possible conditions.

What about physical means and resources, trained personnel, medicines and hospital equipment you need? Aren't these still lacking?

From 1995 we've been training personnel, in Bobo and Ouaga; we've created a list of generic medicines for opportunistic infections, and this has been financed by donors. Concerning equipment, this is a rural region; we don't have all the equipment we need; but I think that on the one hand we must do everything we can with what we have, and on the other we must continue to request more. Because you must remember that Gaoua is a very special region. Firstly it's a province with two frontiers, with Côte d'Ivoire where the HIV seroprevalence is the highest of all West Africa, & with Ghana; and secondly there are many social traditions here that strongly favour the transmission of HIV. So the more we can provide the means we need, the more we can work effectively against this disease.

In fact I believe you've already managed to raise funding from international donors directly to your district, for this local action against AIDS. How did that happen?

Yes, that was marvellous! When our plan was complete, we had a meeting with all partners in Ougadougou, with the High Commissioner himself leading the Gaoua delegation; we presented the whole plan, and every single activity we had planned for 1999 were funded by one or another of the donors present!

And this money has actually arrived?

The finance was agreed, but for the medicines or the equipment for example, we couldn't buy them in Gaoua! But we have the assurance that the donors will pay for the medicines and so on that we have ordered. For the medicines specifically the Projet Population et Lutte Contre le SIDA (PPLS) has agreed to pay, the orders have been made in Bobo, and we are expecting the medicines shortly – probably in a few weeks. They've already arrived in Ouga.

This is a great experiment for Gaoua, and we wish you every success. But how easy will it be to generalise, for example to the other 11 regions of Burkina where plans for similar actions are being developed?

This is a pilot experiment, certainly. And we've benefited from a lot of technical and financial support. Now we have to see how to replicate it. I think it can be replicated elsewhere. They should take less time than it has here, because we've had a long period of analysis and so on; but there are some essential steps that cannot be omitted. A good analysis leads to a good response to HIV/AIDS.

By chance the crew meets a recent secondary school leaver, a young woman, and asks if she'll talk frankly. She agrees. She calls AIDS "a trap":

What do you think of the AIDS situation in your town, Gaoua? *Sometimes I've been to the hospital and seen people suffering badly from this disease...*

But is AIDS a disease like the others? What do you understand about AIDS? *It's not like the others because it's a trap: the end is death. With other diseases you can save people; but not from AIDS. With AIDS people suffer greatly.*

Were there people around you who have died from AIDS? *Yes yes. I knew some.*

On the level of behaviour, how do you think AIDS is transmitted? We've met many men who say they always wear condoms. But is that true? What is the reality, in your opinion? *Well yes, I think that's true. People are obliged to do it because this disease is killing so many people. That's the reality. So they protect themselves.*

What is your own experience? You are an unmarried woman. But with your friends... tell us frankly about your sex-life...*I ask my friend to use a condom. That's what I demand.*

Aren't there men who don't like to wear one? *Well. For me they do! They accept it! [She laughs...] But there are people who try to refuse it.*

So it's you who demand he wears it...*Yes, yes...*

...it's not him doing it voluntarily...*Yes. I require it.*

So you manage to convince him it's necessary to wear a condom. He doesn't have any reservations? *No! [She laughs modestly!]*

Do you think there are many among your friends who say they use condoms, or will use condoms – but in the heat of the moment, don't? *I do know people who have refused to protect themselves. I have a brother who didn't, but once we'd given him the facts, he began to do so.*

What message do you have to give to those who still won't wear condoms? *Everyone must protect themselves because the disease is real. It's killing so many people. I invite everyone to protect themselves...*

Gaoua is not rich. Do people here have the means they need to control AIDS? Do the people work together against AIDS? Are the people involved? *Yes, yes. The associations in Gaoua are working on this... And the foundation of their work is educating people about AIDS. Telling our brothers in the villages. And there are radio programmes on AIDS... Yes we are doing things...*

But do you have the resources to do all this? *No, we don't have enough resources.*

The practical role of the Comité Technique:



The President of the Comité Technique gets ready for his interview in Ougadougou

Good morning. I'm President of the Comité Technique de la Lutte Contre le SIDA of Poni Province. The Comité is the structure put in place to coordinate all actions against AIDS, and was created by the 1998 Gaoua Action Plan – which is multisectorial and community based. So the comité involves not just the health system, but all the components of society – the doctors, the nurses and all the health people of course but also the social services and - above all - the community associations, including religious groups.

This Comité Technique is in turn the action centre of the larger Provincial Committee - which is presided over by the High Commissioner of Poni, and includes as Vice Presidents the Mayor and the Director-General of Health of the commune of Gaoua, as well as the Secretary-General of the Poni Health District.

We coordinate and apply the programme of the Provincial Committee. The programme includes for example on training; on prevention; and on counselling for patients and families. So the Provincial Committee and the Comité Technique have to find the resources to carry out these tasks. And on the ground, the associations have to do the actual work. For example, a youth association could decide on a certain activity according to the programme; they would work out their budge, supervised by the Comité Technique; and then the Provincial Committee would find the necessary resources from international partners.

How were the people selected for the Comité Technique?

Remember this is a pilot project. After the Action Plan was prepared, a call was made for people to carry out the plan. Some propositions were made, and so the committee was formed. Happily it's worked well.

What are the principal challenges you face?

Above all to improve the respect for AIDS victims in the community. If people living with HIV/AIDS could be accepted in society, that would already be a great victory. After that, there's a big programme: to intensify prevention measures; then to be able to provide medicines at the lowest possible cost for opportunistic infections to all those who are diagnosed HIV-positive, to improve and hopefully prolong their lives. And then to work directly in the community. To support families affected. To support the sick person in the community. We are working on all these ways of taking care of those who are suffering from HIV and AIDS.

Do you have the means you need to do all this?

Not everything we wish... The resources should be completely decentralized... The donors should have complete confidence in the Gaoua team...

Is the Gaoua approach exportable, to other districts?

That was the objective from the beginning. In 1999 we had a meeting of all the Burkina High Commissioners, and we presented our work in Gaoua; and we expect that all will follow our lead. And we did the same at a meeting of Mayors. These meetings went very well, and we hope that this year and in the years to come all the big towns will begin multisectorial plans like ours against AIDS. And in all the Provinces, they are going to create provincial committees like ours in Poni, tuned to their own particular problems, but working from the community. Because what we can show in Gaoua is the real enthusiasm of the community, who have been committed from the very beginning of our plan. A real enthusiasm. And it would certainly be a pity if this enthusiasm could not be tapped in all the other regions of Burkina.

This enthusiasm – do you think it will really turn into a change in peoples' behaviour, a change in social norm? Because these are the real roots of the epidemic.

We think that the roots of the problem – sexual behaviour and habits – are very heavy. But we think that starting from the foundations, from the local reality, the local habits – and explaining how, little by little, one can move to safer behaviours and lower risks, and avoid this disease – that progressively we can improve things.

The High Commissioner offers help to the rest of Africa:



The High Commissioner of Poni Province (seated right, facing left) kindly gives us an interview. Gaoua is the principal town of Poni

Good evening, High Commissioner. You are at the head of a Province – Poni - where the effect of AIDS is very high. What can you do against this situation?

You know there have been many workshops and conferences at the national level, to develop a national strategy. On top of that we have adopted our own local strategy. The members of the Provincial Committee, and of the Comité Technique, meet together very often to study, to review their AIDS strategy, and to correct any errors, and plan for the future – with great realism. Without any fears. For example in the marketing of condoms, they have sent demonstrators into every single level of society, and every area. You know that AIDS has no respect for rank or role... whether a migrant, a beer seller... everyone is threatened. You too are threatened; I myself am threatened. The Priests, the Imams, everyone that you can meet in the street is menaced by AIDS. And in marketing, we approach everyone – first, to tell them about HIV/AIDS, and second, with discretion, to give them condoms.

Let me take an example. When there was a meeting here at the High Commission, with relatively few people invited, the marketing people also arrived, came into the meeting room, and very discretely, mingling with the guests, they talked about the problem and gave away free condoms.

It takes courage! It is not easy to offer a condom to an Imam! Or to a cure! Or to a journalist! And they have offered condoms to me too.

This is the strategy I invite everyone to adopt.

It is necessary, isn't it, to "demedicalize" AIDS, as you've indicated...

Absolutely. AIDS is not the property of the health system. You know that we local authorities, as well as having a role to advise in general matters of development, must also be promoters. The High Commissioner, the Prefects, the radio broadcasters, the journalists, the bar girls, the beer brewers, the religious leaders, the stall-holders in the market, the shop keepers, the clothes-makers – everyone is involved in the struggle against AIDS. The strategy must be "demedicalized", as you have said. It's not only for the men and women of the health sector, but for everyone who can be useful. The deputies, the mayors, the prefects, the business people, the washer-women, the mechanics – everyone can join in the struggle.

Because if we confine the effort just to the health people, we will just look at them from afar and think we can let them get on with it. But it is we ourselves who must act.

Speaking of resources – aren't they mostly concentrated in the urban areas? But here you lead a rural area strongly affected by AIDS. How can this tendency to centralise means be reversed?



The High Commissioner launches an appeal.

[Smiles...] That is one of the difficulties we've met, in our efforts to finance our work. The funds are concentrated in Ougadougou. It is essential to decentralise the resources, to liberate – completely - the Provincial Committee and the Comité Technique.

I would add to that one truly essential question.

All the members of the members of the Provincial Committee for AIDS Control, and of the Comité Technique, have other roles, as state employees, or have jobs in the private sector; but I would say – in the case of the government employees at least – that it would be good to think of giving them time off to dedicate themselves to this work against AIDS. Because when we have a meeting, for example, of the Provincial Committee, there might be a call for the director of the radio station – who is a member – over some problem or other at the radio station. Immediately he has to abandon his AIDS work and attend to his professional work.

So we should imagine the possibility, in the future, of liberating certain members of the committee to work totally on AIDS, and - why not – to create a structure, an administration for AIDS in the region. AIDS is not a simply illness. It needs its own structure.

I believe you've managed to get direct international funding for your local work against HIV/AIDS. How did you do that?

After the preparation of a multisectoral plan of action, in collaboration with UNAIDS and the national programme, we held a meeting with international donors in Ougadougou. They studied our plans, recognised its significance, and were convinced they should give them direct support at provincial level – that's to say their funds would and are coming directly to the provincial Comité Technique, in contrast to the usual method where funds go to the ministry of health before being distributed to provincial level. So that gave our work a completely original status.

At a political level, are the central authorities happy with this approach?

Although this initiative came directly from the province, we've received many congratulations from the centre for what we've achieved.

Do you think the experience here is applicable to other districts?

Yes. But they will need courage. They will need a spirit of enterprise. And there must be a spirit of cohesion, togetherness. Absolutely everyone in the Comité Technique and the provincial committee must feel really and completely involved. The strategy must belong to everyone. They must first of all believe in their strategy, and also have the means to carry it out.

Before such a programme is financed, it must be convincing; so I would advise that any region that wished to adopt our approach must involve everyone – everyone who can help in the least way – the women's associations, the youth groups, the clothes-makers, the religious leaders of all faiths, the drivers, the bargirls, the administrators, and the press... it is essential to have strong coverage in all the media of what is being done, from the very beginning.

And could this experience in Gaoua be an example for other countries?

Without risk of error, I would say yes, absolutely yes. From the moment the various national bodies concerned with HIV/AIDS recognize the possibility, our method could be implanted in another district in another country.

Because we are all one society. We are one society here in Poni, we will react in the same manner, as in any other society of people.

And I want to seize this chance to launch an appeal, to all who are really concerned by HIV/AIDS, especially to my brother and sister High Commissioners throughout Africa. The strategy that we have adopted in Poni can absolutely be applied and followed in their provinces too. At national level – why not – the same strategy can be adopted, to give a much greater dynamism, much greater impact, to our struggle. Our strategy is not a strategy to be confined to Burkina Faso – it could be a drop of oil in the whole region. It could even, I believe, be exported beyond the frontiers of Africa.

And I wish to make an offer. To my High Commissioner colleagues.

I am ready and very happy to answer any questions they might have on these matters. I put myself at their disposition to describe our approach to HIV/AIDS control here in Poni.

At the cabaret: a discussion loosened by beer...

A balafon group plays at the cabaret...

[insert Gaoua sound 2]

A teacher denies he is at risk of AIDS: *I'm a simple teacher. I haven't the money to run after the women who have AIDS; I've never had a transfusion; therefore I don't think I will ever die of AIDS. That's my point of view. Also, I disagree with those who say that people in Gaoua run away from someone who has AIDS. The tradition here is that if someone is ill, we help them right to the end. I've never seen a case of AIDS that people have fled from. We stay with them until their death.*

Another man: *No, that's wrong – if a person says he or she has AIDS, their relations will run...*

The teacher: *I would never permit a man or a woman to leave their home because my relation has AIDS. It's an insult.*

An old man: *It's a very dangerous disease... but you can't catch it living together, washing together, eating together. It's not contagious... [laughter...] Yes, I'm telling you...it's a sexual disease. You must have sex with a woman to catch AIDS.*

Another: *But the people with AIDS – I think the relatives do run away from them. How can we change that?*

The old man: *People must know it's not TB. That's transmitted directly. But AIDS, you can eat from the same plate, wash together, share the same towel - it's transmitted by sex.*

Another: *We never know if a sick person has AIDS or not. But we can't neglect it like that... I want to know clearly, from the doctors, that he or she has AIDS. We know there must be people here, in the cabaret, who have AIDS. I blame, somewhat, the doctors, for keeping a certain silence, a discretion. When someone has AIDS they must declare it. We don't know in Gaoua who has or has not the disease. People gossip; but we don't have proof.*

Another: *But suppose you are ill. You take the AIDS test. And the doctor tells you the result. Who is responsible now for this information. The doctor doesn't have the right to tell your brother. That's the problem. What do you think of that?*

The first replies: *Well I say that to say someone has AIDS is not to say you are an idiot, a thief, a criminal... I know this region and you won't be rejected. But suppose a person with AIDS commits adultery, and passes AIDS on to someone else... I will never have proof. But if the doctor would declare the results, we could say clearly that this person has created one more case of AIDS! We declare TB. Why not AIDS? It's public information! It mustn't be hidden. It's not normal."*

[Another speaks in local language... and the debate heats up...]

...and the end of the song about AIDS...

[insert Gaoua sound 3]

At the hospital, the doctor explains his disclosure policy:



Many people in the town say we don't announce the results here. But that's not right. Because we do announce the results – to the person infected. He or she is the first person concerned. But we don't tell the result to the other people, the relations, who may come with the person to the hospital. It's a professional secret between us and the patient. So we don't tell them. And the patient is himself usually frightened that if we tell his relations they will abandon him. That's why the people will say "the doctors don't announce the results". But it's a good thing to keep the secret between the doctor and the patient.

The wider problem is that AIDS is taboo...

Yes, exactly. On our side there's not a lot we can do. We can't broadcast a person's HIV status to the community. But on the other side, the community side, it's extremely important that people show to the AIDS patient that it is simply a disease, like any other, and that they don't abandon him or her. If a patient knows he won't be abandoned by his friends, by his workmates, then he could announce his state. But now, as soon as a person says he or she has HIV, everyone runs away. The community must understand that anyone can be in the same place as the person with HIV. That I could easily be that person myself.

It's a question of education and information...

Certainly, we need a lot of explanation, clarification, education.

The Burkina Faso South-West Development Project:



The Gaoua district director, seated on some ploughs

Director, could you tell us about your work here, which could help reduce migration, and so help prevent HIV transmission?

This project began in 1996, following a mission from FIDA. The difficulties identified here are rural poverty; young people leaving the land, which is perhaps the greatest problem; and the proximity of Côte d'Ivoire and Ghana [where farming is easier]: people migrate to improve their way of life. These are the facts we work with.

So we try to find ways of keeping people on the land. One specific thing we are working on is rural credit. For cattle rearing, for example. And anything that will bring them revenue. We can see that money can be made in this region from the examples of Côte d'Ivoire and Ghana nearby.

Our plans are worked out with and performed by the young people – it is a participative programme.

Do you really have the funds you need to do this work?

The young have said that above all they want work that will generate income. We can't satisfy all their needs. After our first year of intervention, we are working with 32 villages, but there is an enormous demand to satisfy.

The new military doctor of the Gaoua regiment:

I've only just arrived in Gaoua, and it's my predecessor [see above] who is President of the Comité Technique – and for the moment you must understand I'm just an observer. But my role there is as one of the doctors on this multisectoral group, as part of the expanded approach to AIDS. And as a soldier, I can say AIDS is a reality which affects us too.

There's no real difference in the approach we must take to AIDS in the army from that in civil society. Our ages are from 20 to over 50 years old; and most are unmarried. So all the STDs, including AIDS, are here.

My work is to advise and educate people; to explain the reality of this scourge. I intend to hold small meetings to explain how HIV can be contracted, and about the whole story of AIDS – and the other STDs. And to explain that for the moment our only means of attack on this disease is prevention, and convince them that AIDS is a reality in this region.

Sister Angélique:



I began my mission in Bobo Dialasso. This is my third mission, and my third year in Gaoua.

So here you are where HIV/AIDS is at a high level. How are you, as a Catholic Sister, able help in the effort against it?"

We try to help women sick with AIDS, visiting with them, alone and in the community. We try to support them with visits at home, in the villages, and in hospital, with our prayer; and with some activities such as soap-making, and with information and education about HIV/AIDS....

We face many difficulties, because there's a totally different mentality here. The people of Gaoua are different from where I come from. We try to speak to them according to the spirit of the Church; about fidelity; about respecting oneself and others. We say that our heart is the temple of God; so we must respect our heart. So we try to speak in this way, when we prepare a couple for marriage. We speak of nature, and above all the sacred, which is the heart of man...

What do you think of the work of the Comité Technique?

The Comité Technique is doing important work... and I try to give advice to this committee according to my faith, and the rules of the Catholic Church. Because the committee represents many faiths. In Gaoua and in the committee there are many religions, and I try to represent my Church...

Is your message accepted?

More or less... but not by everyone. For example, condoms: the Church requires faithfulness, and natural means; not everyone in Gaoua accept this in the same way. Some would press for faithfulness, others for publicity for condoms. These approaches conflict. Preservatives are easy, but the message of the Church is harder.

Do you think you have a role in helping the care of the sick, beyond your message itself?

Sick people need more than tablets. When such a person comes to us, we try to support them morally, and spiritually. I think this is very important.

Do you work with the families of the sick also?

Yes... with the family, when there is someone sick I make visits from time to time – and sometimes the sick person invites us to come and pray. And we try to give the family courage, and encourage them to give more attention to the sick person.

I think they are really comforted, because after a visit, the sick person will often ask, 'sister, when are you coming to see us again, and pray for us?' So I think they do need us.

Is you help mainly psychological and spiritual, or can you help materially too?

We do try to provide material help to the sick and their families; because most such families spend all they have on the sick person. And finally they find themselves with nothing. So the families ask us to help them with medicines, and food...

And then there are cases of children where both mother and father have died, and we take care of these children, and to educate them...

What do you think are the real means necessary to change the incidence of HIV/AIDS in this province? What does the community need?

Means to pay for prescriptions. We often don't have the money to buy the medicines they need... Also we need more people to be able to reach the villages...I need another girl to help continue this work.

Why do people sometimes reject the hospital, and come home?

In hospital, they feel completely alone with their suffering. Because their relations cannot come very often; and the doctors have so much to do. They can't pay attention to everyone as much as the patients would like. So they leave hospital, to rejoin their family, to be supported by their family circle. Some people at hospital don't get enough to eat, they are in a difficult position. They need food and someone to take care of their little needs.

The Comité Technique tells us that young people need work in the dry season here, to keep them in Gaoua and stop them moving to Côte d'Ivoire for work. Is the Church ready to invest in microprojects to help them stay?

Yes. But we also have limited means. It's not easy to find work for every young person in Gaoua, to keep them here...

President of the Association of Catholic Women:



We were contacted by Mme Kiri, of Actions Sociales, to see what we could do. What we're doing is helping to make women aware of HIV/AIDS, and seeing what we can do to avoid this disease. And as Catholics, to pray...

We're working on two issues: first, the young men, who go to Côte d'Ivoire to make money, and often come back with AIDS. And secondly, the young girls, who also leave for money to serve in the bar in Ougadougou and Bobo Diallasso, they also often return very ill, and die in their villages. And they leave behind them orphans, and we try to take care of in the mission. As well as the sick who come too... One difficulty is asking a sick person what he or she is suffering from. We say pray for all the sick – while knowing that that person probably has AIDS.

We pray, and try to console the sick. It helps them, gives them a little more strength. And we are satisfied that we are helping because many come for our prayer and because we also listen a lot to what they have to say.

What do you need to help you work better?

Materially, we don't have the means to do everything we would like – for the orphans for example. “And we want to support these people, with a bar of soap, or a prayer book, or a holy picture – why not? Often we would like to give a widow the money to put her children in school – why not? But we don't have the means.

And the medicines – it's not easy for people to buy them.

Then there's the problem of travel... Although the sick come to us when they can, from time to time we would like to visit them in their homes.

You're a woman. We know that the woman of Gaoua are very much exposed to HIV. What do you think would really change the situation here? For the women.

I'll say something that might astonish you. I would like to see AIDS eliminate from Gaoua. But it's the mentality. A mentality that will mean that AIDS will stay here, and won't be eliminated. There is a mentality here... a little difficult. You see that everywhere, left and right, you can find a cabaret. And when a man has drunk, he doesn't know what he is doing. And young and old, they drink a lot. And its in this drunken atmosphere that HIV is often

contracted. And then there are the funerals. They can last three days with dancing and music around the body. And the people sleep together in the same place; and you can see you soon have a problem of sexual contact. And then the problem of the widows who came from Côte d'Ivoire and are often infected... they are a problem for the young men...

Is there anything your association can do to change this mentality and change behaviour?

In our prayer services, we've often spoken of these things. The danger of loose women in the cabarets... We speak often of fidelity. I can't say that the community accepts this message.

And is your message accepted?

We won't know our message is accepted until AIDS is eradicated. And for that it must be accepted in the depth of everyone's heart.

What is the role of parents?

They have the main role. It's because parents let their children go anywhere... that they are exposed to AIDS... If the parents were very strict we could do a lot against AIDS.

You are a mother. What message have you to give to mothers?

To look after the education of their children. To care where every one of their children go. Because they can easily make the mistakes which give them AIDS.

And the schools too must tell the children about AIDS... they are the foundation of the development of a country.

The traditional chief of a local community:



What do you think of the programme here in Gaoua against AIDS?

A system of AIDS care and control has been introduced in this province, and it's helped us a lot – there's been a net decrease. We've been going to all our villages, talking and explaining about AIDS, and in particular encouraging the ending of excision – female circumcision. Because if you excise a girl who happens to have HIV, and then you use the same knife to excise another, that could contaminate her. So we are working against excision in all our villages and hamlets. In the past it was automatic; now the women are against it. Today, a man may refuse to accept a bride if she is excised.

What about the migrants from nearby countries?

We cannot expel them. But we must be careful. We know that AIDS can take a long time to develop...

Is it possible, for example, that a man can be accompanied by his wife when he migrates for work, to limit the risk of infection?

We can't forbid the young men from going, because first of all they are simply seeking earnings; and here there is nothing. So we must teach them about AIDS, tell them the dangers. In fact these days the numbers going to Côte d'Ivoire are falling.

What can be done to keep them in Gaoua?

We must find work for them. Which needs investment. To give them something to farm... anything.

Say the investment was available. Could you give us an example of what they could do?

Market gardening can make money. Ploughs can improve farming. These would be much more profitable than anything else in the dry season. We could group these young men into a cooperative, and help them work together to do business. To plant trees, and big orchards; if they could plant orchards with fruit...

We eavesdrop on a meeting of some members of the Comité Technique:



Gaoua radio presenter (right in the picture above – also see picture below)

So let's hear what we've all been doing lately for HIV/AIDS. Mme Yen, will you begin?

Marie-Christine Yen (left), Association Promotion Feminine de Gaoua:

Well, after training, we've covered eight small villages around Gaoua, and contacted 572 women, 140 men and 227 young people – nearly 1000 people so far – to make them aware of HIV and AIDS. We've used several methods, but the village people seem to like our women's theatre best. Also young women in our association are given bicycles and trained to explain & sell condoms – “social marketing” - in the village markets. It's not easy for a woman to do this, but when they understand that we really have to struggle against AIDS, they agree to help. Each is given a box of condoms, and told to sell them within a week. We do it in the centre of Gaoua too, in the cabarets [bars] and anywhere a few people gather. The girls arrive, and try to tell everyone about the disease and to sell people condoms.

Mme Kiri of Actions Sociales (centre, above):

Do they really manage to sell these condoms? For example in the cabarets, isn't there some reticence, some resistance to their efforts?

Marie-Christine Yen:

On the one hand yes, but on the other people are attracted – because they realise that if the girls themselves are selling them, they must really want to protect themselves! But they also feel scared of the condoms, and think that they might harm them. So we have to explain everything.

Radio presenter:

Don't some people feel these girls are prostituting themselves?

Marie-Christine Yen:

Some do say that. Some think it's not normal, for a girl to sell condoms. It's a struggle. The ones who sell the condoms try to convince their friends that the job must be done.

M. Milobo, traditional medical practioner (pictured below):

[Speaks dialect.]



M. Secondary, traditional medical practioner et Imam (pictured below):

[Speaks dialect.]



Mme. Kiri, Actions Sociales:

[Asks questions in same language]

Imam:

[Replies at length in same language.]

Mme. Yen

How do you recognize a case of AIDS?

Imam

[Replies at length]

Mme from a Christian group that visits the sick:

We visit patients to give them moral and spiritual support. After training by UNAIDS, we organised three visits a week to the hospital. So far we've helped 61 men , 48 women and 30 children there.

We also visit the sick at home, among their families. And we take the chance to tell other members of the family about HIV/AIDS. Generally the patients welcome our visits. They tell us their problems, and they ask for our prayers.

We visit everyone who is sick – because we don't know who has AIDS and who hasn't.

Radio presenter:

There are no official, public files of AIDS patients, so it's complicated to know if this or that person has AIDS.

What do people think the difficulties are in announcing that a person is affected?

Mme Kiri:

There are real difficulties at three levels: at the level of the person who is sick, at the level of the family, and even at the level of the health personnel themselves.

At the level of the sick person, there is no preparation so he or she can accept his or her seropositivity [HIV infection].

At the level of the family, they find it difficult to accept that a member of their family is affected by AIDS. Because they have a poor understanding of AIDS. What is going to happen to the sick person? What is going to happen to the family? There are misperceptions both of the disease and of the sick person. These are the difficulties with the family.

At the level of the health staff, are there any laws which can protect them when they announce the diagnosis? Can they be protected if they announce a person's seropositivity to another, without his or her agreement? I'm talking about protection from aggression.

So the problems with announcing a person's seropositivity arises at these three levels.

So what can we do?

[I believe] we must train the associations in this, because there are many associations which could give support at the level of the family. For example as M. "Seconday" [the Imam] has told us, at the level of the other religious groups, there can be support. They support, as we have heard, the sick, morally and spiritually. And they can be trained to help a person accept his or her seropositivity, his condition. And at the family level. How can a family be prepared to accept its sick member. First we must prepare the person who is sick. Then follow and support him or her materially as well as morally.

There is a whole process that must take place along with the announcement. To make the test is very easy. You can make the test and tell someone they have AIDS. But it's not that – you must talk to the person first so he or she can accept his or her state. And when they have, what are you going to do, what will others do, to help them afterwards?

It's not just how to announce the result, but how to help that person.

Mme Yen:

People are frightened of this disease. When you tell someone they have AIDS, they shrink from you. Malaria they understand. But the word "AIDS" – that really upsets everything. They think they will be abandoned. Even by their family. Because they think it could be transmitted to them. So the family needs to be counselled to accept the patient. They may ask, look, we are going to eat every day with this person, so aren't we going to be exposed to the disease? And the patient may reject the diagnosis too because there is no remedy. When they hear the diagnosis they think they will die tomorrow.

And then the cost of the medicines that cannot cure, but can help. Often they can't pay.

There is one solution: the person and the family must first be prepared, as Mme "Kiri" has said, and then they must be reassured that people will take care of them in some fashion. For example, for TB, when a person is diagnosed they know that they will be given medicines free of charge. That way they can more easily accept their state. Those things can help.

Radio presenter:

Often, you hear people say that this or that person has AIDS, in the cabarets, or in some other public place...

Mme Yen:

But not without a cost! The person will lodge a complaint! Or even attack the accuser. They will take him or her to the town hall and demand they provide papers that prove they have AIDS. You get conflicts like that. Really, it's not easy.

Radio presenter:

It's seen as a dishonour for the family, and for the person affected. It complicates the announcement.

Mme from a Christian group that visits the sick:

Nevertheless it's necessary to announce the result, to protect the other members of the family. It's really necessary. Because if the family doesn't know, they can catch the disease themselves. I think it's the doctor's job. They must have the courage to prepare the sick person, and to announce his state. If the family doesn't know they cannot protect themselves.

M. de l'Association des Jeunes:

The key problem is the psychological preparation of the sick person. The family must be prepared first, and the sick person himself. It's not just the sick person who must be told – it's the family too. So the family can take care of the sick person properly. And to do that we should involve the associations. That would be good, because so many people and so much work is involved.

Mme Kiri:

I think to have associations prepare the family and the sick people is one thing; but the most appropriate solution would be to have an association of people living with HIV/AIDS.... an association of people who are seropositive, who are sick; this would be the right environment to prepare both the people who are walking around with HIV – and their families. Because if it's a sick person explaining the problems, who has experienced them – who can say I'm sick, I know this – who can say how he (or she) has been able to bear the weight of knowing he or she has HIV – people will listen to them.

M. Milobo, traditional medical practitioner:

[Dialect.]

Imam

[Dialect.]

Radio presenter:

We also have the problem of ensuring the hospital gets the medicines we need, so we can provide some care for the patients, which would help a little with announcing the result of an HIV test. And the issue “M. Milobo” raised, regarding the people who come back from neighbouring countries with the disease – is there something we can do, for the young people first, some projects, to slow the import of HIV into Gaoua?

M. de l'Association des jeunes, Tous pour Tous:

For the young, it's a problem of employment. We need a basic minimum of work to do here. Many young people leave Gaoua to find work, to earn some money abroad. If we had something for them to do here, that would put a brake on the disease.

Pascal (TV interviewer):

Isn't it a question of prestige, to go away to work?

M. de l'Association des jeunes, Tous pour Tous:

I don't think so. Because in the rainy season, they stay among their relations and farm; but in the dry season there's no work & nothing to do. So they travel to Côte d'Ivoire to find work – it's a necessity for them.

Radio presenter:

They want to raise money for a dowry, for a future wife, or buy a bicycle...

Mme Yen:

It's the truth. If the young men have nothing to do in the dry season, they are obliged to go to Côte d'Ivoire to find a few cents. Practically every one of them wants to buy a bicycle so they can come back and become traders. That's what they want to do.... [Then some fast speaking I can't properly follow – Zan?] It's the lack of work.

Mme Kiri:

There are many reasons they go. Prestige is one of them – if you come back with a bicycle, a radio, a suitcase... And there are real economic reasons. To find money, to care for their family. In the Poni region there are projects to help with this: the PDR Poni (Projet du Développement Regional de Poni) and the PDSO (Projet du Développement du Soud-Ouest) are one solution to the migration problem, to keep people on their farms. This could be an appropriate solution.

M. de l'Association des jeunes, Tous pour Tous:

In our association, we take this to heart. We're focusing on developing agriculture, and cultural activities, after the harvest, in the dry season. We're trying to find activities to fill the whole year. To satisfy people's basic needs. We are appealing for ideas to help us achieve this, to find profitable projects, and present them to different investors.

Mme Kiri:

And the women – their problem is poverty. It hits women harder. For example, there are many widows in Gaoua. Women who are left alone. In real need of support. Not in perpetuity – they need microprojects to help them make a little money. They need support to get themselves back on their feet. Otherwise, they also leave Gaoua, to look

for money to care for their families. Most of them go West, to Bobo, as cleaners – and they are exposed to the risk of catching HIV. Simply because they have nothing to do at home and no income. If we could establish microprojects for these young women, train them to do new profitable things, that would be a step forward, to keep them at home. And I think there's a national project to help – "Mille jeunes filles" – and this project aims to train and help such women. We should try to help them benefit from that.

Mme Karigatawa de l' Association des femmes musulman:

[Speaks in local language – some exchanges and laughter]

Imam:

[Dialects... what he says to his flock.]

Radio presenter sums up what the Imam said:

He speaks to his faithful about AIDS after prayers, and raises many issues. He explains the transmission of HIV by sexual intercourse, and the suffering that AIDS causes before death, so they are aware of the real danger of the disease... And he asks the men, why do you want to try to make love to a prostitute, when you know that after that you are going to die of AIDS? And on top of that, he tells them that it's a sin, and that – after suffering from AIDS – they will also be punished as a sinner. Because, he says, they have forced the woman to have sex; they may have considered her free, but she was not, because in paying her they have taken advantage of her poverty and her hunger.

The radio presenter (below, left) summarises the meeting:



So we've all spoken, all of us working against AIDS in the Gaoua health district; we see that there are many things being done and to do, not only to prevent the disease but also to provide socio-economic support to people who are infected. We've heard from our traditional healers, our protestant associations, the "estères" women, the association for the promotion of the women of Gaoua, the muslims, the youth associations etc... We've heard of many needs and concerns about what must be done for the young to help them avoid the disease, of the need for women to have income from microprojects to help them avoid risks, of training and support to help young people work here in Gaoua in the dry season and avoid migration into neighbouring countries. We've heard of the needs of the hospital to have medicines, to care for patients and to test for HIV. We still don't have an index of those who are HIV-positive. So each of us must reinforce our actions, along the lines we've discussed, alone and with our partners. The struggle will continue, through the religious groups, though the different associations, through every group involved. So courage. And thank you to everyone.